

As well as being of value for neurosurgeons and radiologists, this book will be very useful as a reference for those who teach this complex area, whether to undergraduates or postgraduates.

JOHN P. FRAHER

*The Developing Human: Clinically Oriented Embryology*. 4th edition. By K. L. MOORE. (Pp. xii + 462; many illustrations; £18.95.) Philadelphia, London: W. B. Saunders. 1988.

One welcomes the fourth edition of this book as a long-standing and comfortable friend. We are introduced to two more of the lovely Moore grandchildren in this edition. The reader feels he has had a personal glimpse of a family album.

This edition has been up-dated to include or expand on several new prenatal diagnostic techniques, e.g. chorionic villous sampling; ultrasonography etc. These are important tools in the armoury of the clinician and a welcome addition in an embryology textbook for medical students. The chapter devoted to the causes of human congenital malformations has incorporated the latest reported teratogenic effects of anticonvulsants, marijuana, retinoic acid (Vitamin A) etc., all of which are pertinent and important in medicine today.

This edition has chosen the colour blue for the cover, all the chapter titles and subtitles. Additionally, the previous edition's black and white diagrams have now largely changed to various hues. Many have been colour-coded for ectoderm, mesoderm and endoderm derivatives, which is a very useful, colourful and artistic addition to the book. Others, however, have obviously been made blue purely for continuity, while the colours used to indicate grey, deep pink and yellow are murky. The effect is less satisfactory.

Despite this very minor criticism, this edition is again an outstanding, if not the best, embryology textbook for medical students and postgraduate students available today. It is to be highly recommended to all students as a clear, concise, interesting and clinically relevant text. Its presentation is an excellent balance of text, diagrams and photographs. Each chapter is a distinct entity, but carefully integrated with the other chapters in the book. One can only admire this book and hope every medical student and student of human embryology will purchase this edition. Their pleasure at understanding this difficult, but beautiful subject will be intellectually gratifying to all teachers and devotees of human embryology.

MARJORIE A. ENGLAND

*Clinical Anatomy*. By H. H. LINDNER. (Pp. xi + 690; profusely illustrated; £22.25.) Hemel Hempstead: Prentice-Hall U.K. 1988.

Within the six hundred and forty-two pages of this book a great deal of information has been recorded. The topographical anatomy of the human body has been reviewed in 52 separate sections, commencing with the head and central nervous system, continuing the description with the trunk, and terminating with the upper and lower limbs. Within each section succinct paragraphs have been introduced to leaven the regional anatomical details with information concerning relevant clinical conditions and, where appropriate, radiographs have been employed to illustrate the underlying pathology to which reference has been made. This volume should prove a useful basis for the revision of anatomy within the later years of the medical curriculum.

Some changes are necessary. In Figs 3-10 and 3-11, the titles of the illustrations of the fifth and seventh nerves require to be transposed. In Fig. 6-9, the term 'Posterior longitudinal ligament' seems to indicate the lower parts of the two radiate ligaments of the costovertebral joints, and the term 'Ligamenta flava' would appear to indicate the superior costotransverse ligament. In Fig. 17-1, the term 'Left innominate artery' should be abbreviated either to 'Innominate artery' or, preferably, to brachiocephalic artery. The adjective 'brachiocephalic' is employed in the lower part of the same page in the cross-section of the thorax in Fig. 17-2 with reference to both arteries and veins.

The statement on page 260 that the oblique fissure on the right lung is more vertical than that on the left would not coincide with the views of all anatomists. In Fig. 39-10, the seminal vesicles appear to commence to grow from the medial aspect of the mesonephric ducts, although they appear in the lateral position in Fig. 39-13. In Fig. 17-6, the same nerve on the left side of the neck is labelled at different points as 'vagus nerve' and 'phrenic nerve'. It appears to be the left phrenic nerve. A point of clinical interest lies in the mechanism of left-sided varicocele on page 505. It is